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CERTIFICATE OF MAILING

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"Commissioner for Patents"
P.O. Box 1450
Alexandria, VA 22313-1450

on JULY 26, 2004

Milton L. Honig
MILTON L. HONIG
Reg. No. 28,617
Attorney for Applicant(s)

July 26, 2004
Date of
Signature

C4251(V)
02-0526-UNI

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Customer Number: 000201
Attorney Docket No.: C4251(C)
Applicant: Batchelor
Serial No.: 10/671,286
Filed: September 25, 2003
FOR: COMPOSITION AND METHOD FOR BLEACHING A
SUBSTRATE
UNUS No.: 02-0526-UNI

Group: 1751
Examiner: Margaret V. Einsmann

Edgewater, New Jersey 07020
July 26, 2004

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

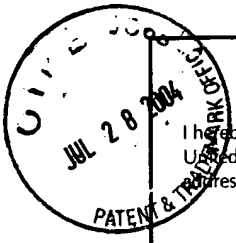
Sir:

In response to the Office Action dated June 18, 2004, please amend the above-identified patent application as follows.

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks/Arguments begin on page 8 of this paper.

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UNITED STATES DEPT. OF COMMERCE
Patent and Trademark Office

COMMISSIONER FOR PATENTS
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Customer Number: 000201
Attorney Docket Number: C4251(C)
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Serial No.: 10/671,286
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For: COMPOSITION AND METHOD FOR BLEACHING A SUBSTRATE
UNUS No.: 02-0526-UNI

Group: 1751
Examiner: Margaret V. Einsmann

Edgewater, New Jersey 07020
July 26, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an **AMENDMENT** the above-identified application.
[X] No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4) ** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 84.00	
Multiple Claims					\$ 280.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$	

*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

**If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

- [] Charge \$_____ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.
[X] The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under
[X] 37 C.F.R. § 1.16;
[X] 37 C.F.R. § 1.17;
[X] 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

MLH/sm
(201) 840-2403

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